

Palliative surgery

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In patients with significant symptoms of either obstruction or bleeding, palliative resection is appropriate. A palliative gastrectomy need not be radical as it is sufficient to remove the tumour and reconstruct the gastrointestinal tract. Sometimes it is impossible to resect an obstructing tumour in the distal stomach and other palliative procedures need to be considered. A high gastroenterostomy is a poor operation that very frequently does not allow the stomach to empty adequately and may produce the additional problem of bile reflux. A Roux - loop with a wide anastomosis between the stomach and jejunum may be a better option, although even this may not allow the stomach to empty well. For inoperable tumours situated in the cardia, palliative intubation or stenting can be used (see Chapter 66).

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